

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/620,529
Filing Date	July 16, 2003
First Named Inventor	LUKAS EISERMANN
Title	INTERVERTEBRAL PROSTHETIC JOINT
Art Unit	3733
Examiner Name	R. Shaffer
Attorney Docket Number	03190.000008

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature

Date

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Title and Company

Vice President & Secretary, Warsaw Orthopedic, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☐ \*Total of \_\_\_\_\_ forms are submitted.

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